

SBE 3 Year Update Form and Affidavit Required for Small Business Enterprises

Please Note: This affidavit is for SBEs ONLY. If you are SBE firm and also an MBE, WBE, PDBE, ACDBE or DBE you must fill out the MWSBE/PDBE form every three (3) years to maintain your MWSBE/PDBE certification and the ACDBE/DBE Annual Update form on an annual basis to maintain your ACDBE/DBE certification instead of this form. If you fail to provide this form and affidavit with supporting documentation in a timely manner, you will be deemed to have failed to cooperate with the required 3 year SBE certification update process to maintain certification eligibility.

1.	Name of Firm:						
2.	Owners Full Name:						
3.	Telephone Number:	Fax Numb	Fax Number:				
4.	Business Address:						
		Street Number	City	State	Zip Code		
5.	Mailing Address:						
		Street Number	City	State	Zip Code		
6.	Has the legal structure, ownership, management, or control of your company changed since your last certification? YES \square NO \square						
	If yes, please explain and provide documentation reflecting changes.						
_	List the according of according		.:				
/ .	List the number of employe Employee Workplace	Full Time		years: art Time	Contract		
	Demographics by year	<u>run rime</u>	FG	art rinie	Contract		
	20						
	20						
	20						
8.	Do you have ownership or s		another firm(s))? Please provide the	e name of the firm(s) and		
9.	Company Income Tax Ident	ification Number:					
		Int					
				-,			

revious year	? YES 🗌 🏻 🗈	NO 🗆		
s: (Include th	nese return:	s with y	our Update Form)	
	Exact Gross Receipts			
\$				
<u> </u>				
			_	
average	Affiliate	tırm	ownership	
ır Undata Fai	rm)			
•			Expiration	
Licerise iva	111001		EXPITATION	
		dentify):	:	
	State		Zip	
Projec	t Limit:			
tnership-Fori			oprietorship-(entire) Form 1040
	receipts 3 average ur Update For License Nu project firm and all attnership-Form	Exact Gross Receip \$ \$ \$ \$ or shares resources with the services of the services with the services of the services with the services of the service	Exact Gross Receipts \$ \$ \$ or shares resources with: receipts 3 Title with Affiliate firm If Update Form License Number In thave bonding capacity, identify) State Project Limit: Firm and all affiliate firms. Itnership-Form 1065, Sole professional	State Zip State Zip Project Limit: State State State

AFFIDAVIT

Thereby declare and animit that I am the ov	wner of		whose address	is
		(Name of Fire	n)	
		I de	clare and affirm that there have	been
(Street, City, State and Zip Cod	e)			
no changes in the circumstances of			affecting its ability to meet th	e,
	(Name	e of Firm)		
requirement of the City of Houston's SBE p	rogram.	. There have been no	material changes in the informa	tion
provided with	Upda	te Form for certificat	ion, except for any changes abou	t
which				
(Name of Affiant/Owner)				
you have provided written notice to the Ci	ity of Ho	ouston.	m	eets
	-		(Name of Firm)	
Small Business Administration (SBA) criteria	a for bei	ing a small business o	concern and its average annual gr	oss
receipts (as defined by SBA rules) over the				
for my classification.	•	•		
We require that you submit with this affida	avit docu	umentation of the fir	m's size and gross receipts in the	form
of the previous three (3) year's business Inc			_	
employees.				
- P - 7				
I do solemnly declare and affirm under the	penalty	of periury that the o	ontents of the foregoing docume	nt are
true and correct, and that I am the owner of	-		and the second s	
	_			
(Date)			(Affiant/Owner)	
State of County of	_ City o	f		
On this	20	h - f - u - u		41
On thisday of	_, 20	_, before me,		the
undersigned officer, personally appeared _			, known to me	to be
undersigned officer, personally appeared _ the person described in the foregoing Affid	lavit and	d stated on his/her or	, known to me a th that he/she is over 18 years o	to be f age,
undersigned officer, personally appeared _ the person described in the foregoing Affid of sound mind, capable of making this Affic	lavit and	d stated on his/her or d has personal know	, known to me and that he/she is over 18 years or ledge to facts states in it and that	to be f age,
undersigned officer, personally appeared _ the person described in the foregoing Affid	lavit and	d stated on his/her or d has personal know	, known to me and that he/she is over 18 years or ledge to facts states in it and that	to be f age,
undersigned officer, personally appeared _ the person described in the foregoing Affid of sound mind, capable of making this Affic	lavit and	d stated on his/her or d has personal know	, known to me and that he/she is over 18 years or ledge to facts states in it and that	to be f age,
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Please return this original form, retaining a copy for your records.